LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV
MEETING MINUTES
March 15, 2012

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	DHSP STAFF
Carla Bailey, *Co-Chair*	Elizabeth Mendia	Susan Forrest	Kyle Baker
Michael Johnson, *Co-Chair*	Jenny O'Malley	Chris Fuentes	Juhua Wu
Sergio Aviña	Angélica Palmeros	Alex Ghaffari	Dave Young
Al Ballesteros	Juan Rivera	Phoenix Gunner	
Cheryl Barrit	Stephen Simon	Richard Huff	
Joseph Cadden	Robert Sotomayor	Miki Jackson	**COMMISSION STAFF/CONSULTANTS**
Whitney Engeran-Cordova	Tonya Washington-Hendricks	Ayanna Kiburi *(by phone)*	
Lilia Espinoza		Karen Mark *(by phone)*	Dawn McClendon
Douglas Frye		Mark Malek	Jane Nachazel
David Giugni	**MEMBERS ABSENT**	Cecilia Melgares	Glenda Pinney
Terry Goddard	Anthony Braswell	Kurt Miller	James Stewart
Joseph Green	Mario Pérez	Stuart Pappas	Craig Vincent-Jones
Thelma James	Karen Peterson	Gregory Rios	Nicole Werner
David Kelly	Carlos Vega-Matos	Ricki Rosales	
Lee Kochems	Kathy Watt	Jeff Smith	
Bradley Land	Fariba Younai	Jill Somers *(by phone)*	
Ted Liso/James Chud		Kevin Weiler	
Anna Long		Sharon White	
Abad Lopez		Jason Wise	

1. **CALL TO ORDER**: Mr. Johnson called the meeting to order at 9:25 am.
   - **A. Roll Call** (**Present**): Bailey, Barrit, Espinoza, Frye, Giugni, Green, James, Johnson, Kelly, Land, Liso/Chud, Long, Lopez, Mendia, O'Malley, Rivera, Simon, Sotomayor, Washington-Hendricks

2. **APPROVAL OF AGENDA**:
   MOTION 1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve minutes from the 2/9/2012 Commission on HIV meeting **(*Passed by Consensus*)**.

4. **CONSENT CALENDAR**:
   MOTION 3: Approve the Consent Calendar, with Motions 4, 5 and 6 pulled for deliberation **(*Passed by Consensus*)**.

5. **PARLIAMENTARY TRAINING**: Mr. Stewart noted Motion 6, approval of the Legislative Docket, would be treated as a separate consent calendar. Commissioners would identify any bills they wish to pull for discussion.

6. **PUBLIC COMMENT *(NON-AGENDIZED OR FOLLOW-UP)***:
   - Ms. Gunner, Government Affairs and Advocacy, Bristol-Meyers-Squibb, has a directive to work for PWH/A open access to medication and clinical services. She offered her business cards to request advocacy training and parliamentary updates.

- Mr. Ghaffari, National Association for Victims of Transfusion-Related AIDS, said he was infected with HIV by a blood transfusion at birth 29 years ago at Cedars-Sinai Medical Center. In total, 200 neonates were infected at that one hospital.
- The Ricky Ray Hemophilia Relief Fund Act of 1998 provided compassionate funds to hemophiliacs infected with HIV via unscreened blood, but not those infected via transfusion. The Steve Grissom Relief Fund Act was introduced the next year to close the gap, but failed. He requested Commission support to re-introduce it.
- ➲ Mr. Simon said the Commission has support the Steve Grissom Relief Fund Act for two years. It does not lobby for specific bills, but his City of Los Angeles AIDS Coordinator's Office has written support letters to re-introduce the bill.

7. COMMISSION COMMENT *(NON-AGENDIZED OR FOLLOW-UP)*: There were no comments.

8. CO-CHAIRS' REPORT:

- ➲ Mr. Vincent-Jones reported the 3/26/2012 Executive Committee meeting would be rescheduled due to a conflict that day with the Assembly budget hearing on the proposed ADAP cuts.

9. EXECUTIVE DIRECTOR'S REPORT:

A. HRSA Special Conditions of Award: HRSA notified DHSP that the special Condition of Award (COA) concerning the Commission was removed.

10. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. HIV Services in the LA County Jails:

- Dr. Malek, Sheriff's Department, presented on HIV services in the County jails. The presentation opened with a photo of a sign in the Men's Central Jail, K6G Unit: "It is a felony to engage in any sexual activity within Los Angeles County Jail." Below is a drop box for used condoms. The Los Angeles County Jail is one of only five nationwide that allows distribution of condoms. While he noted that the Sheriff cannot break the law, he acknowledges risks so he allows the Center for Health Justice to distribute condoms in the jails.
- Jails are local holding facilities with typical stays of 10-20 days either for short sentences or while awaiting prison sentencing. Prison facilities are for those serving felony sentences that are generally over two years.
- There are 2.3 million people in US federal or state prisons or local jails at any time. Some 10-15 million people are booked through US jails annually. There are also some 6 million people on probation in the US each year.
- The incarcerated population in the US increased significantly starting in 1998 despite a decrease in violence and property crimes. A change in laws increased drug-related incarceration, which now comprises some 60% of County Jail inmates.
- Incarcerated health care saw major changes following Supreme Court review of a 1976 case in which an inmate had complained of back pain, but was ignored by guards and died. The Court ruled it was cruel and unusual punishment under the 8th Amendment to withhold appropriate medical treatment for the incarcerated, as they cannot access alternate care. The incarcerated are the only civilian US population that has been ruled to have a constitutional right to health care.
- Annually, 15%-20% of American PWH are incarcerated as are 33% of Americans with Hepatitis C and 40% of Americans with active TB. Among inmates, up to 50% have Axis 1 or 2 mental illness, such as major depression or schizophrenia and 75% have alcohol or other substance abuse disorders, of which only 5% have access to services while incarcerated.
- There is a public health opportunity to offer interventions before inmates are released back to their communities, but there are challenges, e.g., transfer of inmates and racial conflicts among gangs, among the County's nine Jail facilities.
- Prison data shows HIV prevalence five to ten times higher than the general population with females (2.5%) higher than males (2.2%). Data also shows PWH are sicker and die of AIDS at an overall rate of 8% versus a general population rate of 4.4%. Males (12/100,000), African-Americans (19/100,000) and those 45 or older (23/100,000) are at greater risk.
- County Jail PWH inmate rates are 2.5%-3.0%. Jail data is comparatively sparse due to shorter inmate stays.
- The Sheriff's Department has two divisions for sworn personnel: Custody, Sheriff's deputies that address security; and Corrections, Sheriff's deputies who operate the laundry, food services, and medical/dental/mental health. A captain is in charge of health services with most filling the position for one to two years. This often causes program instability.
- The County has the largest Sheriff's Department and jail system worldwide. Tower 1 (2,500 inmates) is the largest US mental health facility. There are 16,500-20,000 inmates in nine jails with 13,000-17,000 bookings/releases monthly.
- Some 50% of inmates are on regular pill call, but others may not disclose HIV+ status to ensure confidentiality.

- County Jail demographics are: males, 88%; females, 12%; Latino, 45%; black, 35%; white, 15%; other, 5%. The County is atypical in that Latino inmates exceed those who are black, but that does reflect the County population.
- The average County Jail stay is 44.2 days with a median of 8-14 days. Average weekly releases are to: community, 75%; state prison, 24%; and to Immigration and Naturalization Service (INS) for deportation, <1%.
- The K6G Unit is named for: "K", "keep away" since the population is protected; "6", the security level on a 1-9 scale; and "G", gay. Inmates self-identify and choose K6G, which has multiple services and classes not available in other units.
- K6G demographics are: MSM or MSM/W, 100% with some 20%-30% bisexual; IDU in previous three months, 25%.
- DHSP STD Programs tests those entering K6G for STDs and HIV. The Sheriff's Department Medical Services Bureau also provides ELISA/Western blot HIV tests and DHSP offers testing, including rapid-rapid in the Inmate Reception Center (IRC), if processing allows time. A federal judge has mandated processing within 8 hours of entering IRC. Some 10-15 new HIV positives have been identified since October or November 2011.
- Rapid testing is being expanded slowly towards the goal of 100% opt-out testing in the IRC. Tests are now offered to 25% of incoming inmates based on available staff. The percent of those who test is not available, but response is good.
- Rapid testing is helpful as the protocol for ELISA/Western blot testing takes 5-7 days for a result. An HIV+ inmate is then counseled by a Public Health Nurse and referred to a physician and case manager, but 20% are released before referral.
- In a study comparing rapid with standard testing, 100% of rapid tests were completed but just 68% of standard tests. Rapid tests are also less costly at $10-$20 dollars versus $70 for Quest Diagnostics. However, there are current legal issues that require rapid tests to be entered in a different electronic location in the medical records from other labs.
- HIV tests are ordered if: an inmate requests one; an inmate reports being HIV+, but no test is on file; there is linked screening for STD, TB, viral Hepatitis, pneumonia; there is an altercation with custody staff or a needle stick; there is a court order. Some 500 tests are done per month with 95% ordered in the IRC.
- Self-identified PWH inmates who know their medication names receive them. There are pictorial charts if inmates do not know names, but some physicians are uncomfortable prescribing from pictures in case identification is incorrect.
- Transitional medications of 3-5 days should be provided on release, but must be ordered from the pharmacy 24 hours in advance. Inmates are often released unexpectedly, including at night, so may not receive medications. Jail physician privileges end with release, leaving patients to seek community care, at which point the clinic can request Jail records.
- Continuity of care is an issue once inmates are released, as other priorities such as housing divert attention. 75% of PWH qualify for ART on release, but 57% are out of care within one year. The Seek, Test and Treat model seeks to improve coordination so HIV+ inmates are first identified/treated in Jail, then linked to and retained in community care.
- Coordination is central to success of the Seek, Test and Treat model with: Sheriff's Department, HIV care and treatment in Jails; DHSP, HIV testing in Jails, transitional case management, peer navigators and Ryan White services; and AETC-USC, HIV Correctional Fellowship Education Program which educates physicians, patients, and sworn/medical personnel in the Jail. This is the first program of its type in the US. It is hoped that it can be expanded to obstetrics and orthopedics.
- HIV training for Jail nurse practitioners and physician assistants helps provide care during the time between an HIV+ test and receipt of the T-cell count and viral load and subsequent appointment with a physician.
- DHSP funds a nurse HIV medical liaison to coordinate between community clinics and Jail medical providers, but it is hard with 300-500 PWH inmates. The Jail has electronic medical records which could be enhanced with a universal identifier to facilitate shared data. Many state prisons lack electronic medical records and some lack computers.
- Mr. Johnson said the Department of Health Services (DHS) is bidding on an electronic health record system. The County is also investing millions of dollars in the Los Angeles Network for Enhanced Services (LANES) Project designed as a health information exchange. Technology was tested with a <0.01% duplication rate for the patient identifier. Between the two, it would be a good time to launch a countywide patient identifier. Dr. Cadden, Chair, DHS HIV Best Practices Committee, could help coordinate. Dr. Malek said he lacked authority to address that. Commissioners offered to help.
- Areas for improvement are: rapid identification of patients to cut redundant testing and expenses while facilitating treatment; increase coordination with HIV providers; and provide substance abuse detox and treatment.
- Another potential model to maintain continuity of care is to facilitate community providers in serving inmates from their respective zip codes. Rhode Island uses this approach, which was probably developed by Brown University.
- Ms. Washington-Hendricks asked about improved linkage to community care. Dr. Malek said the Seek, Test and Treat model was only a few months old. One possibility was for the Jail to automatically alert a clinic that the Jail had one of their clients during a specified period and provide pertinent records in advance of the client's arrival.
- Ms. Mendia asked about the HIV medical liaison. Dr. Malek said Martha Tadesse, RN, assumed her position in November 2011. She is working to develop key contacts at various clinics to facilitate transfer of medical information to

and from the Jails. Community physicians are often reluctant to release information without a physical copy of the test result, even with a release of information form. Suggestions to better address volume and other issues are welcome.

- Dr. Malek said Public Health is notified if someone is tested, but leaves before HIV+ results are received. A Public Health Investigator will then try to locate the person. Mr. Sotomayor suggested probation officers might coordinate information, but Dr. Malek said there are concerns about release of confidential information to non-medical personnel.
- Dr. Frye asked if transition medications could be ordered as soon as a treatment regimen was determined to ensure they were ready whenever inmates were released. Dr. Malek noted there are inherent delays in getting ELISA/Western blot tests as well as T-cell counts and viral loads. Physicians should enter an order as soon as they know medications will be needed, but they cannot be kept with property as it is sealed on receipt for security reasons. There could be a medication station in the Inmate Reception Center for those leaving, but it has not been done, probably due to cost.
- Mr. Giugni asked how many of those testing HIV+ for the first time began ARV. Dr. Malek said it was hard to separate them from those tested before and just now receiving care. He said data programming models able to read through charts and identify key words are being reviewed to help distinguish these populations.
- Mr. Lopez asked about substance abuse treatment. Dr. Malek said some methadone is available, but services are few. He is working with a UCLA physician to offer other medications which can be helpful after methamphetamine detox. Alexander Kim, Chief, Correctional Services Division, is supportive. Funding and partners are being sought.
- Dr. Malek noted health departments in most counties provide jail care. Our separate system makes linkage harder.
- Ms. White asked how community providers can help the post-incarcerated. Dr. Malek noted people often turn to sex and/or drugs within the first 24 hours after release. Simple support such as picking a person upon release to drive to the next place averts temptations along a bus route and helps the person feel valued. Broader community initiatives to integrate people back into society, such as help finding employment would also be helpful.

➲ Follow-up to support development of countywide medical record patient identifier.
➲ Refer connecting self-identified PWH inmates to community providers to Priorities and Planning Committee.
➲ Drs. Malek and Cadden will meet with Ms. Tadesse to improve coordination between the Jails and DHS centers, especially for the highest risk population of inmates previously aware they were HIV+, but not in care.
➲ Mr. Vincent-Jones noted the Joint Public Policy Corrections Work Group could be re-vitalized for those who wish to work further on the issue. People with more questions can send them to Mr. Vincent-Jones for research and response.

11. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. OA Work/Information:

- Dr. Mark, Interim Chief, OA, reported the Senate Health Budget Subcommittee voted 3/8/2012 to:
  - Hold open the ADAP budget pending the May Revise;
  - Reject the ADAP cost-sharing policy;
  - Adopt placeholder trailer bill language to create stakeholder advisory committee of medical and non-medical providers and beneficiaries for expert advise on Low Income Health Program (LIHP) transition policy decisions;
  - Redirect Managed HIV Transition Program from within Department of Health Care Services (DHCS) to coordinate LIHP transition issues between OA, DHCS, stakeholders, advocates and local jurisdictions.
- The Assembly had scheduled its ADAP budget hearing on 3/26/2012.
- Mr. Engeran-Cordova noted 3/8/2012 Subcommittee discussion on revisions to ADAP budget estimates, due to delayed LIHP implementation. He asked if estimates were being revised. Dr. Mark said they would be done for the May Revise.
- OA hosted a 3/9/2012 call with the California Department of Public Health, DHCS/LIHP and ADAP leadership on transition of ADAP clients to LIHP. One outcome was membership planning for the stakeholder advisory committee.
- Mr. Simon asked about the Coordinated Care Initiative. Dr. Mark said OA was working with DHCS on their initiative. Mr. Land expressed concern about continuity issues such as clients assigned providers without enough HIV physicians.
- Ms. Kiburi, Chief, HIV Care Branch, said OA held a LIHP call with Ryan White, Local Health Jurisdictions (LHJs), ADAP coordinators and LIHP administrators in counties with LIHP implementation for updates and questions. Calls will be monthly. The next will be 3/20/2012 and include all LHJs. Previous minutes and future agendas are on the OA website.
- Staff is preparing the Part B allocation and program guidance to distribute after FY 2012 Notice of Grant Award receipt.
- OA is waiting for final Centers for Medicare and Medicaid Services (CMS) approval of the five-year Medi-Cal Waiver program renewal contract. Provider MOUs for the next year will go out after CMS approval, probably by 3/31/2012.
- Ms. Kiburi reported OA was temporarily suspending requirements for syringe service programs in funded LHJs due to re-instatement of the ban on use of 2012 federal funding for syringe exchange programs.

- OA is waiting for clarification from HRSA and CDC about funding for syringe disposal. They included disposal and access as banned activities in their January guidance. OA, the National Alliance of State and Territorial AIDS Directors (NASTAD) and others asked for reconsideration. CDC, HRSA and the Substance Abuse and Mental Health Services Administration (SAMHSA) has met to discuss a uniform guidance.
- Ms. Somers, Chief, ADAP Branch, reported that on 3/1/2012 ADAP began mandatory LIHP eligibility screening as part of the electronic ADAP enrollment recertification process in the eight legacy LIHP counties that had begun LIHP screening. The process is needed to assure ADAP's payer of last resort mandate. New enrollment and recertification forms with LIHP screening questions are on the Ramsell Corporation ADAP enrollment website when accessed by those counties.
- Forms for other LHJs, such as Los Angeles, will appear on the Ramsell website when LHJs implement LIHP screening and OA has confirmed their readiness to transition clients from ADAP services to LIHP.
- A notice went to ADAP enrollment workers, ADAP coordinators, Ryan White contractors, LHJs AIDS ADAP and county LIHP administrators in the first eight counties before 3/1/2012 implementation, and will go to others as they start.
- Mr. Land said it appeared clients could only advance so far if they have other payers. Ms. Somers said the standard ADAP certification process evaluates if clients have or are eligible for a third payer such as Med-Cal. Mr. Land said there are so many payers now that it would be helpful to provide documentation of why the client was not eligible. Mr. Vincent-Jones added such documentation is valuable when applying elsewhere to avoid duplicative screenings.
- Mr. Rivera noted OA sent 15,000 letters in January to ADAP clients potentially eligible for the Pre-existing Condition Insurance Plan (PCIP). The OA program takes two weeks, but PCIP takes up to two-and-a-half months. Ms. Somers said PCIP is run by the Managed Risk Medical Insurance Board (MRMIB) which told OA clients should be enrolled the month after submission, if documents are in order. Mr. Rivera said documents are provided to OA and PCIP at the same time.

➲ OA will add the Coordinated Care Initiative to its monthly report.
➲ Mr. Vincent-Jones will provide OA anecdotal information next week to show the value of ADAP denial documentation.
➲ Ms. Somers will follow-up on PCIP enrollment delays and report back at the April meeting.

B. California Planning Group (CPG): Ms. Kiburi said work groups were completing sections and survey data was being coded. Writing the draft will begin after coding is done. The Plan is on track to meet the June deadline.

12. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:

A. HIV Epidemiology Report: Dr. Frye, Chief, HIV Epidemiology Division, said there are now 43,900 reported cases for PWH/A.

B. Administrative Agency Report:

1. *Ryan White Part A FY 2012 Grant Award*:

- Ms. Wu reported the YR 22 Part A award of $40.8 million award is the largest ever received, with a nearly $800,000 increase. The Part A supplemental section, based on the competitive application, saw the largest increase, but the Part A formula and Minority AIDS Initiative (MAI) sections also increased.
- Of the 50 some jurisdictions, 19 received increases. Scores have not yet been released, but DHSP will report on them once available. Mr. Baker noted scores have become less transparent over the last two years.
- Mr. Vincent-Jones said scores were discussed in the conference call with Project Officer Marcus Jackson. Last year the County received a score and list of strengths, but no weaknesses. They can help improve later applications. Mr. Jackson said other jurisdictions also reported receiving no weaknesses. They will be included going forward.

13. CAUCUS REPORTS:

A. Consumer Caucus:

- Mr. Liso reported testimony against the ADAP budget cuts at the Senate Committee hearing went well. The Committee voted two-to-one against the cuts. Consumers will return 3/26/2012 for the Assembly Committee hearings. He thanked AIDS Healthcare Foundation (AHF) for funding the efforts and the Commission for its support.
- The Caucus would meet following the Commission. It will continue its focus on advocacy and recruitment.

B. Latino Caucus:

- Mr. Vincent-Jones reported the Caucus met last month and identified work areas, including how to incorporate and prioritize Latino Task Force recommendations in the work plan and completion of the Immigration Brief.
- The next meeting will 3/22/2012, 1:00 to 3:00 pm, at the Commission offices. Meetings are open.

15. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee: Commissioners stated their conflicts-of-interest.

1. ***FY 2011-2012 SAM/Part B Re-allocations***:

- Mr. Young, Chief, Finance Division, DHSP, reviewed FY 2011 financial schedules in the packet:
  - *Ryan White Part A, 3/1/2011-2/29/2012:* Expenditures continue to come in and are current through 12/31/2011. Projections based on historical and year-to-date expenditures indicate full expenditure.
  - *Ryan White Single Allocation Model (SAM) Care/Part B, 7/1/2011-6/30/2012:* Oral Health Care contracts have been identified to fully expend an anticipated $300,000 in underexpenditures.
  - *Ryan White Minority AIDS Initiative (MAI), 3/1/2011-2/29/2012:* The projection indicates $851,000 in underspending. DHSP plans to request HRSA approval to roll the funds over to FY 2012.
  - *Summary – Ryan White, Net County Cost (NCC), State, Centers for Disease Control (CDC):* All funding sources.
- Mr. Vincent-Jones said the Commission is responsible to re-allocate funds near the end of the grant if funds will not be fully expended consistent with allocations. Part A funds were re-allocated a few meetings prior.
- The State shifted its fiscal year pursuant to the State budget cuts in 2009. This put the SAM Care/Part B grant on a different term than the Part A grant and gave P&P time to discuss SAM Care/Part B underspending solutions with DHSP.
- A major Oral Health Care expansion is underway, so moving the $520,000 to SAM Care/Part B will expend funds.
- Roll-over MAI funds are also designated for Oral Health Care consistent with the significant need. Contracts for new providers have already gone to the Board for approval, consistent with Commission direction. This is the first stage of a two-stage expansion plan. The second stage is being developed.
- Mr. Vincent-Jones noted this SAM Care/Part B solution also maintains NCC for care, per Commission direction.

MOTION 4: Re-allocate underspent FY 2011-2012 State SAM Care/Part B funds for oral health care services, as needed **(*Passed: 24 Ayes; 0 Opposed; 0 Abstentions*)**.

2. ***FY 2013 Priority- and Allocation-Setting (P-and-A)***:

- Mr. Land noted each year the process starts with selection of paradigms, the ethical perspective from which decisions are made, and operating values, values applied to the decision-making process itself.
- Paradigms selected this year were: compassion, assisting the weak and suffering; equity, relativity equal portions with attention to severe need; and utilitarianism, the greatest good for the greatest number.
- Operating values selected were: access, assuring process access for all stakeholders; efficiency, accomplishing operational outcomes with the fewest resources; quality, highest level of competence in the process.
- Mr. Land urged those who had not yet signed their pledge to the FY 2013 P-and-A process to do so.
- Mr. Vincent-Jones will correct Slide 7, Operating Values, for the website. It inadvertently included equity.

MOTION 5: Approve FY 2013 Priority- and Allocation-Setting paradigms and operating values, as presented **(*Passed by Consensus*)**.

B. Joint Public Policy (JPP) Committee:

1. ***2012 Legislative Docket***: Mr. Simon noted the docket. Shaded legislative items were presented to vote as a consent calendar. The Commission gave the remaining bills a watch position in 2011, pending additional information. Many are Affordable Care Act California implementation bills. JPP continues to watch the 2011 bills. No items were pulled.
MOTION 6: Approve the 2012 Legislative Docket, as presented **(*Passed by Consensus; 1 Abstention*)**.

2. ***Proposed FY 2012-2013 ADAP Reductions***: The Assembly Health Committee hearing will be 3/26/2012. Mr. Engeran-Cordova felt the moving testimony at the 3/8/2012 Senate hearing by consumers influenced the successful vote against cuts. Mr. Vincent-Jones thanked AIDS Healthcare Foundation for sponsoring the 3/8/2012 and 3/26/2012 trips.

3. ***Governor's FY 2012-2013 State Budget***: Mr. Simon noted the ban on federal funds for syringe exchange was pulled in 2010, but re-instated it in the 2012 budget passed in 2011. President Obama included such funds in his 2013 budget.

C. Operations Committee: The 3/26/2012 meeting was cancelled due to conflict with the 3/26/2012 Assembly ADAP hearing.

1. ***Commission Membership Nominations***:
MOTION 7: Nominate LaShonda Spencer, MD, for the Part D representative seat, Angélica Palmeros, for the City of Pasadena representative seat, and James Jones, MD, for DMH (Other County Department) representative seat and forward to the Board of Supervisors for appointment **(*Passed as Part of the Consent Calendar*)**.

2. ***Pol/Proc #07.3021: Duty Statement, DHS Representative***: Mr. Vincent-Jones said there is a duty statement for each seat or seat class such as SPA unaffiliated consumers. Those such as the one passed have general requirements and seat specifics. All are being revised with some passed and the rest to be presented in upcoming months. He asked

Commissioners to review duty statements pertinent to their seats and advise him of omissions or corrections in the next week or two.
MOTION 8: Approve Policy/Procedure #07.3201: Duty Statement, DHS representative, as presented **(*Passed as Part of the Consent Calendar*)**.

3. ***Pol/Proc #08.2303: Voting Procedures***: Mr. Vincent-Jones noted Items 3-5 are the remaining pieces of the Special Conditions of Award lifted 2/23/2012. Revisions are minimal and mainly add references to the Conflict-of-Interest policy passed in February. Public comment is open on all three policies/procedures until 3/31/2012.
4. ***Pol/Proc #08.3107: Consumer Definitions***: There was no additional discussion.
5. ***Pol/Proc #07.1001-3023: Duty Statements***: There was no additional discussion.

D. Standards of Care (SOC) Committee:

1. ***Pol/Proc #05.8001: Grievance Procedures***: Mr. Vincent-Jones noted this was presented in November, but HRSA approval was required prior to Commission approval. It is the last piece required for the Special Conditions of Award.
MOTION 9: Approve Policy/Procedure #05.8001: Commission on HIV Continuum of Care Grievance Process, as presented **(*Passed as Part of the Consent Calendar*)**.

16. **PREVENTION PLANNING COMMITTEE (PPC) REPORT**: Mr. Giugni reported Richard Zaldivar, The Wall-Las Memorias, opened the 3/8/2012 meeting with a presentation on its Project Faith to improve education and testing in communities of faith. The remainder of the meeting focused on the Comprehensive HIV Plan, especially regarding timelines.

17. AIDS EDUCATION/TRAINING CENTERS (AETC) REPORT:

- Dr. Espinoza, Assistant Director, USC-AETC, noted flyers for two trainings in the packet. The Charles Drew University-AETC presents "Being Present: HV & Mindfulness," 3/27/2012, 9:00 to 10:30 am, Cobb Building Boardroom 281. The three AETCs and APLA will sponsor "Treatment Education Certificate Training," 3/27-29/2012, 9:00 am to 5:00 pm, Tarzana Treatment Centers-Reseda. Trainings are free except for a "Treatment Education" nominal fee of $30 if requesting CE credit.
- The next USC-AETC HIV Corrections Fellow will be James Templeman, MD, MPH, from Kaiser Permanente Los Angeles Medical Center. He previously received some training under a former fellow. He will start in October 2012.
- Gilmer Youn, MD, will be the eighth general HIV Fellow. He is in residency at LAC+USC. He will start in August 2012.
- Dr. Espinoza reported Elissa Bradley passed away 3/9/2012. She was a Charles Drew University-AETC Project Coordinator.

18. TASK FORCE REPORTS:

A. Comprehensive HIV Planning Task Force (CHP TF):

- Mr. Rosales noted the timeline in the packet. The document will be developed in stages. The draft for Stage 1, due to HRSA 5/21/2012, opens for public comment at the 4/12/2012 Joint Commission on HIV/PPC meeting. Stage 2 pertains to further document development for the 6/30/2012 CDC submission. Stage 3 is publication and 4 pertains to updates.
- Mr. Vincent-Jones noted the 4/12/2012 meeting will open with a joint CHP session followed by Commission business.
- Task Force meetings are suspended until 4/12/2012 for writing and Goals and Objectives Work Group activities.

B. Community Task Forces: There were no reports.

19. **SPA/DISTRICT REPORTS**: There were no reports.

20. COMMISSION COMMENT: There were no comments.

21. **ANNOUNCEMENTS**:

- Mr. Engeran-Cordova said AIDS Healthcare Foundation (AHF) is evaluating scholarships countrywide for the XIX International AIDS Conference, Washington, D.C., 7/22-27/2012. He needs contact information for those interested.
- Ms. Washington-Hendricks noted the AIDS Project Los Angeles South Los Angeles dental clinic is open five days a week.
- She added a packet flyer states AIDS Service Center food distribution resumes at 1845 North Fair Oaks Avenue, Pasadena, CA 91103-1620, 626.441.8495 on 3/23/2012. In fact, food services resume 4/6/2012.
- ➲ Send contact information for AHF scholarships to Mr. Vincent-Jones who will forward information to Mr. Engeran-Cordova.

22. **ADJOURNMENT**: Mr. Johnson adjourned the meeting in Elissa Bradley's memory at 1:00 pm.

A. Roll Call (**Present)**: Aviña, Bailey, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Frye, Giugni, Green, James, Kelly, Kochems, Land, Liso/Chud, Long, Lopez, Mendia, O'Malley, Palmeros, Rivera, Simon, Sotomayor, Washington-Hendricks

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve minutes from the 2/9/2012 Commission on HIV meeting.	***Passed by Consensus***	**MOTION PASSED**
MOTION 3: Approve the Consent Calendar with Motions 4, 5 and 6 pulled for deliberation.	***Passed by Consensus***	**MOTION PASSED**
MOTION 4: Re-allocate underspent FY 2011-2012 State SAM Care/Part B funds for oral health care services, as needed.	***Ayes:*** Aviña, Bailey, Ballesteros, Barrit, Cadden, Engeran-Cordova, Espinoza, Frye, Giugni, Green, James, Kelly, Kochems, Land, Liso, Long, Lopez, Mendia, O'Malley, Palmeros, Rivera, Simon, Sotomayor, Washington-Hendricks ***Opposed:*** None ***Abstention:*** None	**MOTION PASSED** **Ayes**: 24 **Opposed**: 0 **Abstention:** 0
MOTION 5: Approve FY 2013 Priority- and Allocation-Setting paradigms and operating values, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 6: Approve the 2012 Legislative Docket, as presented.	***Passed by Consensus*** ***Abstention:*** Long	**MOTION PASSED** **Abstention**: 1
MOTION 7: Nominate LaShonda Spencer, MD, for the Part D representative seat, Angélica Palmeros, for the City of Pasadena representative seat, and James Jones, MD, for DMH (Other County Department) representative seat and forward to the Board of Supervisors for appointment.	***Passed as Part of the Consent Calendar***	**MOTION PASSED**
MOTION 8: Approve Policy/Procedure #07.3201: Duty Statement, DHS representative, as presented.	***Passed as Part of the Consent Calendar***	**MOTION PASSED**
MOTION 9: Approve Policy/Procedure #05.8001: Commission on HIV Continuum of Care Grievance Process, as presented.	***Passed as Part of the Consent Calendar***	**MOTION PASSED**